

TYPE OR PRINT
PLAINLY WITH
UNFADING INK
THIS IS A
PERMANENT
RECORD

Below for State Office Use

THIS CERTIFIES THE ABOVE IS A TRUE AND
 COMPLETE COPY OF THE CERTIFICATE OF DEATH
 ON FILE WITH THE HAMMOND HEALTH DEPT.
 MAR 22 1985
 in order: J. Charnick, M.D.

J. Turner - Oregon Park
 839 Bl. 13
 Key 36-260-39

HAMMOND HEALTH COMMISSIONER
 LICENSE No. 1067
 FUNERAL DIRECTOR'S LICENSE No. 2497
 EMBALMER'S NAME: Jonn Alexander
 FUNERAL DIRECTOR'S SIGNATURE: *[Signature]*

Key 36-260-39

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

7. Pierson
6550 GRAND AVE
Nm. 46320

Local No. 252 94028770

State No. _____

TYPE OR PRINT IN PERMANENT INK FOR INSTRUCTIONS SEE HANDBOOK

DECEASED

USUAL RESIDENCE WHERE DECEASED LIVED IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION

PARENTS

DISPOSITION

M.D. OR D.O.

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

CAUSE

DECEASED—NAME 1 John C. Szymoniak			SEX 2 Male	DATE OF DEATH (MONTH, DAY, YEAR) 3 3-20-85
RACE—(e.g. White, Black, American Indian, etc.) (Specify) 4 White	AGE—Last Birthday (Yr.) 5a 70	UNDER 1 YEAR 5b MOS. DAYS	UNDER 1 DAY 5c HOURS MINS	DATE OF BIRTH (Mo, Day, Yr.) Jan 7, 1915
CITY, TOWN OR LOCATION OF DEATH 7b Hammond		HOSPITAL OR OTHER INSTITUTION—(Name if not an author, give street and number) 7c St. Margaret Hospital		IF HOSP OR INST indicate DOA (OP, Emer, Res, Inpatient) (Specify) 7d Inpatient
STATE OF BIRTH (If not in U.S.A. name country) 8 Illinois	CITIZEN OF WHAT COUNTRY 9 U.S.A.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 10 Married	SURVIVING SPOUSE (If wife, give maiden name) 11 Ann Koziol	
SOCIAL SECURITY NUMBER 13 311-03-6338		USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 14a Custodian	KIND OF BUSINESS OR INDUSTRY 14b High School	
RESIDENCE—STATE 15a Indiana	COUNTY 15b Lake	CITY, TOWN OR LOCATION 15c Hammond		IS RESIDENCE ON A FARM? 15e YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
STREET AND NUMBER 15d 3153 Crain Place		IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC 15g YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INSTEAD OF CITY LIMITS (Specify Yes or No) 15f Yes
FATHER—NAME 16 Albert George Szymoniak			MOTHER—MAIDEN NAME 17 Mary Frances Jasek	
INFORMANT—NAME (Type or print) 18a Ann Szymoniak	RELATIONSHIP Wife	MAILING ADDRESS 18b 3153 Crane Pl. Hammond, Indiana 46323		
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a Burial		CEMETERY OR CREMATORY—FUNERAL HOME 19b Chapel Lawn		LOCATION 19c Schererville, Indiana
DATE (MONTH, DAY, YEAR) 20a March 23, 1985		FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP) 20b VIRGIL HUBER FUNERAL HOME 7051 Kennedy Ave. Hammond, In 46323		
To the best of my knowledge death occurred at the time, date and place and due to the cause(s) stated. 21a (Signature) <i>[Signature]</i>		DATE SIGNED (Mo, Day, Yr.) 21b 3-22-85	HOUR OF DEATH 21c 12:46 p.m.	
NAME OF ATTENDING PHYSICIAN (Type or Print) 21d H. Mishoulam, M. D.		MAILING ADDRESS—PHYSICIAN 21e 7905 Calumet Avenue, Munster, Indiana 46321		
HEALTH OFFICER—SIGNATURE 22a <i>[Signature]</i>		DATE RECEIVED BY LOCAL HEALTH OFFICER 22b MAR 22 1985		
PART I (a) Respiratory Arrest		SUBJECT TO TRANSFER.		
DUE TO OR AS A CONSEQUENCE OF				
(b) Metastatic Lung Carcinoma		APR 15 1984		
DUE TO OR AS A CONSEQUENCE OF				
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause of death		AUTOPSY (Specify Yes or No)		

FILED
APR 15 1984
CLERK OF SUPERIOR COURT
LAKE COUNTY

00977

600